


REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (optional) 3431.4US
<p>I hereby declare that:</p> <p>My residence and post office address and citizenship are stated below next to my name.</p> <p>I am authorized to act on behalf of the following assignee: <u>EPIMED INTERNATIONAL INC.</u></p> <p>and the title of my position with said assignee is: <u>Executive Vice President</u></p> <p>The entire title to the patent identified below is vested in said assignee.</p>		
Name of Patentee(s): N. Sandor Racz		
Patent Number 6,190,372	Date of Patent Issued February 20, 2001	
Title of invention: CATHETER CONNECTOR		
<p>I believe said patentee(s) to be the original, first and sole/joint inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled <u>CATHETER CONNECTOR</u>.</p> <p>the specification of which</p> <p><input checked="" type="checkbox"/> is attached hereto.</p> <p><input type="checkbox"/> was filed on _____ as reissue application number _____ / _____ and was amended on _____ (If applicable)</p> <p>I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.</p> <p>I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)</p> <p><input type="checkbox"/> by reason of a defective specification or drawing.</p> <p><input type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent.</p> <p><input checked="" type="checkbox"/> by reason of other errors.</p> <p>At least one error upon which reissue is based is described as follows: Priority claim was inadvertently omitted.</p> <p>[Attach additional sheets, if needed.]</p> <p>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.</p>		

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

(REISSUE APPLICATION DECLARATION BY THE ASSIGNEE)				Docket Number (Optional) 3431.4US	
I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.					
Name(s)		Registration Number			
Allen C. Turner				33,041	
Edgar R. Cataxinos				39,931	
Krista Weber Powell				47,867	
Bretton L. Crockett				44,632	
Correspondence Address: Direct all communications about the appl					
<input checked="" type="checkbox"/> Customer Number		<div style="border: 1px solid black; width: 150px; height: 20px;"></div>		 24247 <small>PATENT TRADEMARK OFFICE</small>	
OR		Type Customer Number Here			
<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City		State		Zip	
Country					
Telephone		Fax			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.					
Full name of person signing (given name, family name) <i>Nicholas Sander Raiz</i>					
Signature <i>N. Sander Raiz</i>				Date <i>11/16/01</i>	
Address of Assignee 6 Division Street, Gloversville, NY 12078					
Patentee				Citizenship	
Residence/Post Office Address					
Patentee				Citizenship	
Residence/Post Office Address					
<input type="checkbox"/> Additional Patentees are named on separately numbered sheets attached hereto.					

PATENT

Attorney Docket No. 3431US

ASSIGNMENT

FOR GOOD AND VALUABLE CONSIDERATION, the receipt, sufficiency and adequacy of which are hereby acknowledged, each undersigned ASSIGNOR does hereby:

SELL, ASSIGN AND TRANSFER to Epimed International, Inc., ("ASSIGNEE"), a corporation of the state of Delaware having a place of business at 6 Division Street, P.O. Box 1128, Gloversville, New York 12078, the entire right, title and interest for the United States and all foreign countries in and to any and all improvements which are disclosed in the Application for United States Letters Patent, which has been executed by each undersigned ASSIGNOR concurrently herewith and is entitled CATHETER CONNECTOR, such application and all divisional, continuing, substitute, renewal, reissue and all other applications for patent or the legal equivalent thereof which have been or may be filed in the United States and all foreign countries relating to any of such improvements; all original, reexamined and reissued patents which have been or shall be issued in the United States and all foreign countries on such improvements; and specifically including the right to file foreign applications under the provisions of any convention or treaty and claim priority based on such application made in the United States;

AUTHORIZE the ASSIGNEE to apply for and receive any and all United States and foreign patents relating to such improvements in its own name;

AUTHORIZE AND REQUEST the issuing authority to issue any and all United States and foreign patents granted on such improvements to and in the name of the ASSIGNEE;

WARRANT AND COVENANT that no assignment, grant, mortgage, license or other agreement or encumbrance affecting the rights and property herein conveyed has been or will be made or entered into by the undersigned, and that the full right to convey the same as herein expressed is possessed by the undersigned;

COVENANT, when requested and at the expense of the ASSIGNEE, to carry out in good faith the intent and purpose of this assignment, to execute all divisional, continuing, substitute, renewal, reissue, and all other patent applications relating to any and all such improvements; to execute all rightful oaths, declarations, assignments, powers of attorney and other papers; to communicate to the ASSIGNEE all facts and provide to the ASSIGNEE all documents and things known and accessible to the undersigned relating to such improvements and the history thereof, and testify as to the same in any interference, litigation or other proceeding relating thereto; and generally to do everything possible which the ASSIGNEE shall consider desirable for vesting title to such improvements in the

ASSIGNEE, and to secure, maintain, defend and enforce valid and enforceable patent protection for such improvements;

AGREE and ACKNOWLEDGE that the SALE, ASSIGNMENT AND TRANSFER of rights and property set forth herein is and shall be IRREVOCABLE and BINDING upon the heirs, assigns, representatives and successors of each undersigned ASSIGNOR and EXTEND to the successors, assigns and nominees of the ASSIGNEE.

ASSIGNOR:

N. Sandor Racz
N. Sandor Racz

Date 1/12/98

STATE OF New York)
County of Westchester) ss.

BEFORE ME, the undersigned authority, on this 12th day of January, 1998, personally appeared N. Sandor Racz, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same of his own free will for the purposes and consideration therein expressed.

[Signature]
Notary or Consular Officer

LEONA W. LORANT
Notary Public, State of New York
Qualified in Westchester County
My Commission Expires 5/2/99
REG. 001258452

STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: EPIMED INTERNATIONAL, INC.Application No./Patent No.: 6,190,372Filed/Issue Date: February 20, 2001Entitled: CATHETER CONNECTOREPIMED INTERNATIONAL, INC., a corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of an undivided part interest

in the patent application/patent identified above by virtue of either:

- A ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the Patent and Trademark Office at Reel 8961, Frame 0783, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
2. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
3. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

- ☐ Copies of assignments or other documents in the chain of title are attached.

(NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.8)

The undersigned (whose title is supplied below) is empowered to sign this statement on behalf of the assignee.

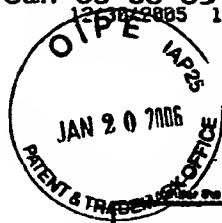
11/16/01

Date

N. Sandor Racz
Signature

N. Sandor Racz
Typed or printed name

Executive Vice President
Title



Approved for use through 04/30/2007 GSA 8 0051-0035
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (optional) 2162-3431.405
<p>I hereby declare that:</p> <p>The residence, mailing address and citizenship of the inventors are stated below.</p> <p>I am authorized to act on behalf of the following assignee: <u>EPIMED INTERNATIONAL, INC.</u></p> <p>and the title of my position with said assignee is: <u>Executive Vice President</u></p> <p>The entire title to the patent identified below is vested in said assignee.</p>		
Inventor <u>N. Sandoz Racz</u>	Citizenship <u>US</u>	
Residence/Mailing Address <u>714 Bankers Cottage Ln., Coppell, TX 75019</u>		
Inventor	Citizenship	
Residence/Mailing Address		
<input type="checkbox"/> Additional inventors are named on separately numbered sheets attached hereto.		
Patent Number <u>6,190,372</u>	Date of Patent Issued <u>February 20, 2001</u>	
<p>I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled:</p> <p><u>CATHETER CONNECTOR</u></p> <p>the specification of which</p> <p><input type="checkbox"/> is attached hereto.</p> <p><input checked="" type="checkbox"/> was filed on <u>November 28, 2001</u> as reissue application number <u>08 / 998,957</u></p> <p>and was amended on _____ (If applicable)</p> <p>I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.</p> <p><input type="checkbox"/> I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications.</p> <p>I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)</p> <p><input type="checkbox"/> by reason of a defective specification or drawing.</p> <p><input type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent.</p> <p><input checked="" type="checkbox"/> by reason of other errors.</p>		

(Page 1 of 2)

This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to the (and by the USPTO is processed) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the (original of time you require to complete this form enter suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1480, Alexandria, VA 22313-1480. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1480.

If you need assistance in completing the form, call 1-800-PTO-5199 and select option 2.

BEST AVAILABLE COPY



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.
Approved for use through 04/30/2007, OMB # 0331-0033
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

REISSUE APPLICATION DECLARATION BY THE ASSIGNEE Docket Number (Optional)
2102-1431 AHS

At least one error upon which reissue is based is described as follows:

Priority claim was inadvertently omitted.

(Attach additional sheets if needed)

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.

I hereby appoint:

☒ Practitioner(s) associated with Customer Number:

24247

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Correspondence Address: Direct all communications about the application to:

☒ The address associated with Customer Number:

24247

OR

☐ Firm or Individual Name

Address

City

State

Zip

Country

Telephone

Email

WARNING:

Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioner/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Signature

N.S. Sander

Date

1/5/06

Full name of person signing (given name, family name)

Nicholas Sander Sander

Address of Assignee

1231 Greenway Drive, Suite 140, Irving, TX 75038

(Page 2 of 2)

BEST AVAILABLE COPY